

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		12	9/19
FORMALITY REVIEW	JH	1124	10/18/0
RESPONSE FORMALITY REVIEW	RL	180	9-14-02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 II ..... Allowed      I ..... Interference  
 (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	08 03 09
1	08 21 22
2	08 21 22
3	08 21 22
4	08 21 22
5	08 21 22
6	08 21 22
7	N
8	N
9	N
10	N
11	N
12	N
13	N
14	N
15	N
16	N
17	N
18	N
19	N
20	N
21	N
22	N
23	N
24	N
25	N
26	N
27	N
28	N
29	N
30	N
31	N
32	N
33	N
34	N
35	N
36	N
37	N
38	N
39	N
40	N
41	N
42	N
43	N
44	N
45	N
46	N
47	N
48	N
49	N
50	N

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

BEFORE STAPLE COPY